

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthways, Inc. Federal PAC

Full Name (Last, First, Middle Initial)

**A.** Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City  
Sacramento

State  
CA

Zip Code  
95841

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael Thompson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 1

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 16791074

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	6

Amount of Each Disbursement this Period

2100.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

18800.00